FEC

STATEMENT OF

FORM 1	ORGANIZ	ATION		
i Ortivi i	(See instruct	ions)		Office use only
NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
NATIONAL BE	ER WHOLESALERS ASSOCIAT	TION POLITICAL ACTION (COMMITTEE	
ADDRESS (number and	street) 1101 King Street			
(Check if address is changed)	Suite 600		11111	
	Alexandria		LYA] [22314 -
		CITY	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one	e-mail address)		
(Check if address is changed)	lauglis@nbwa.org			
COMMITTEE'S WED	DAGE ADDRESS (UDL)			
	PAGE ADDRESS (URL)			
(Check if address is changed)	3			
2. DATE 0.3				
3. FEC IDENTIFICA	TION NUMBER	C C00144766		
4. IS THIS STATEM	MENT X NEW (N) OR	AMENDED (A)		
L certify that I have exam	ined this Statement and to the best of my k	nowledge and belief it is true, correc	and complete	
. co. a.y a.a a.o o.a	·		i and complete	
Type or Print Name of	Treasurer Mr. Craig A. Pu	ırser		
Signature of Treasurer	. Electronically Filed by Mr. Craig	g A. Purser	Date 03	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	lse, erroneous, or incomplete information m		•	-
	ANY CHANGE IN INFORM	ATION SHOULD BE REPORTE	D WITHIN 10 DAY	S
Office Use Only		For further information Federal Election Communication Toll Free 800-424-953	mission	FEC FORM 1 (Revised 02/2009)